

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025870

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3000 Primary Registration District No. 230 Registrar's No. 230

VS 300
Rev. 4/59

6017

28340

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DATE AMENDED
8/9/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
cholecystotomy due to
cholecystitis

ITEM NO. SHOULD READ

18b cholecystotomy due to
cholecystitis

BY AFFIDAVIT OF Attending Physician DOCUMENT

MEDICAL CERTIFICATION

1. **FILED JUL 23 1962**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Dayton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Kirksville Osteopathic		d. STREET ADDRESS (If outside, give location) 1106 Watervliet Ave	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FORREST ESTY WINCHELL			4. DATE OF DEATH Month Day Year July 20 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed Divorced	8. DATE OF BIRTH 9-13-92	9. AGE (last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent		10b. KIND OF BUSINESS OR INDUSTRY Curtiss Plub. Co.		11. BIRTHPLACE (City and state or country) Aurora, Ohio
13a. FATHER'S NAME Fred Seamon Winchell		13b. MOTHER'S MAIDEN NAME Ida Isabell Esty		14. NAME OF HUSBAND OR WIFE Glenna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WW1			17. INFORMANT Address Glenna Winchell, Dayton, Ohio	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cholecystotomy due to cholecystitis		1 week
DUE TO (c) Arterio-sclerotic heart disease		2 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 12, 1942 to July 20, 1962 and last saw him alive on July 20, 1962 Death occurred at 9:17 a.m. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Howard E. Gross, M.D.		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 7-20-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-21-62	23c. NAME OF CEMETERY OR CREMATORY Memory Garden Mausoleum, Dayton, Ohio	
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. July 20, 1962	
26. REGISTRAR'S SIGNATURE Doris W. Battif			

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 31 1962

Howard E. Gross, D.O.

Permit issued July 20, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Novak E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.